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Saskatchewan
Health
Community Services
North Battleford Region

North Battleford Health Region # 13

Annual Review

1989-90

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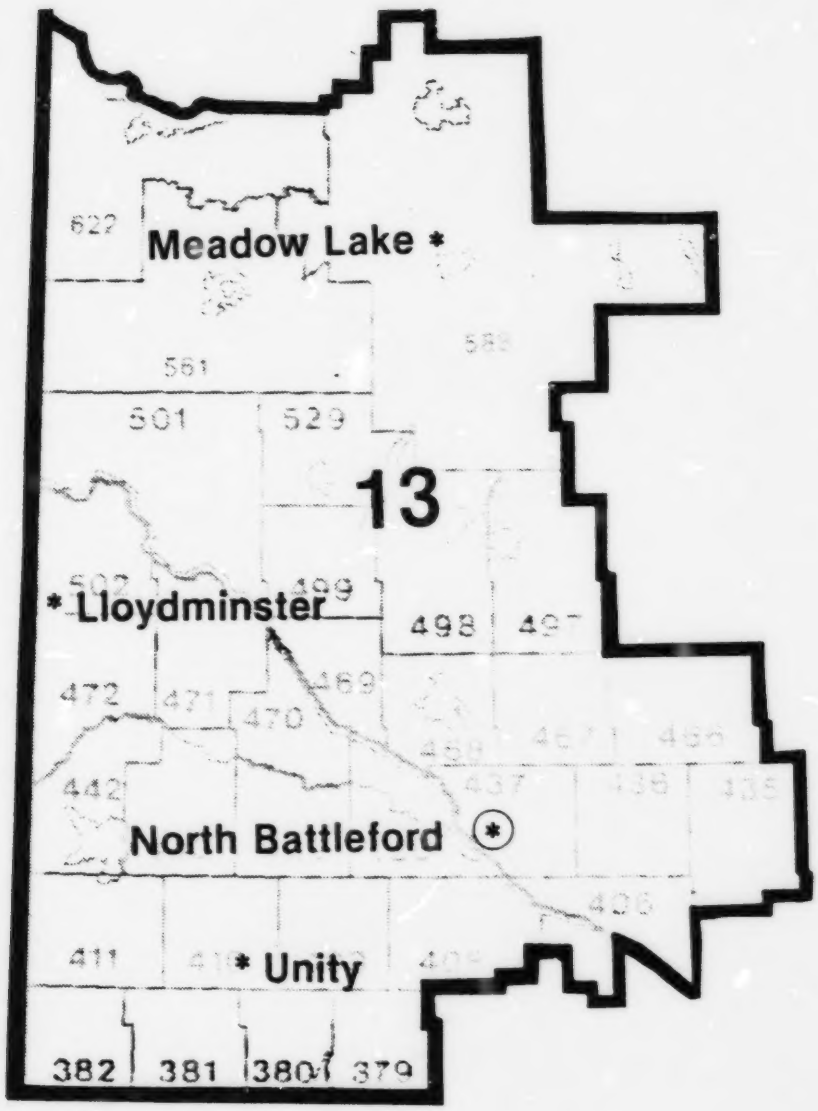

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PERSONNEL
(At March 31, 1990)

North Battleford

Dr. M. Reesal, Regional Director & Medical Health Officer
Gordon Terry, Director, Regional Support Services
Gwen Johnstone, Nursing Supervisor
Eleanor Ritchie, PHN II
Jean Leitner, PHN
Shelley Robinson, PHN
Roberta Prefontaine, PHN
Rhonda Patterson, PHN
Karen Cubbon, PHN
Evelyn Rothenburger, PHN
Donna Churko, PHN
Charlotte Hamilton, PHN
Sherry Robinson, PHN
Rupal Bonli, Early Childhood Psychologist
Cathy Richardson, Speech-Language Pathologist
Shelly Hagen, Nutritionist
Pam Pierson, Dental Health Educator

Carla Pattinson, Senior Secretary
Yvonne Gratton, Clerk-Typist II (on definite leave)
Donna Bruynooghe, Clerk-Typist II
Doreen Pierce, Clerk-Typist II
Sharon Kozak, Clerk-Typist II
John Johnson, Senior Public Health Inspector
Ken Startup
Richard Koroluk, PHI
Darlene Meeds, PHI

Lloydminster

Joyce Rutherford, PHN
Kathy Bloch-Hansen, PHN
Dawn McKenzie-Weinhandl, PHN
Darlene Morgan, PHN
Rae Ann Hartman, PHN
Ellen Pollock, PHN
Leanne Sauer, PHN
Lynne Leard, Clerk-Typist II
Kathy Moore, PHI
Ronda Bakerink, Speech Language Pathologist

Meadow Lake

Irmgard Carbert, PHN
Ruth Hollis, PHN
Susan Mamer, PHN
Sheila Hart, PHN
Bernadette LeBoeuf, Dental Health Educator
Steven Deegan, PHI
Carolyn Vidal, Clerk-Typist II
Linda Stephenson, Dental Health Educator

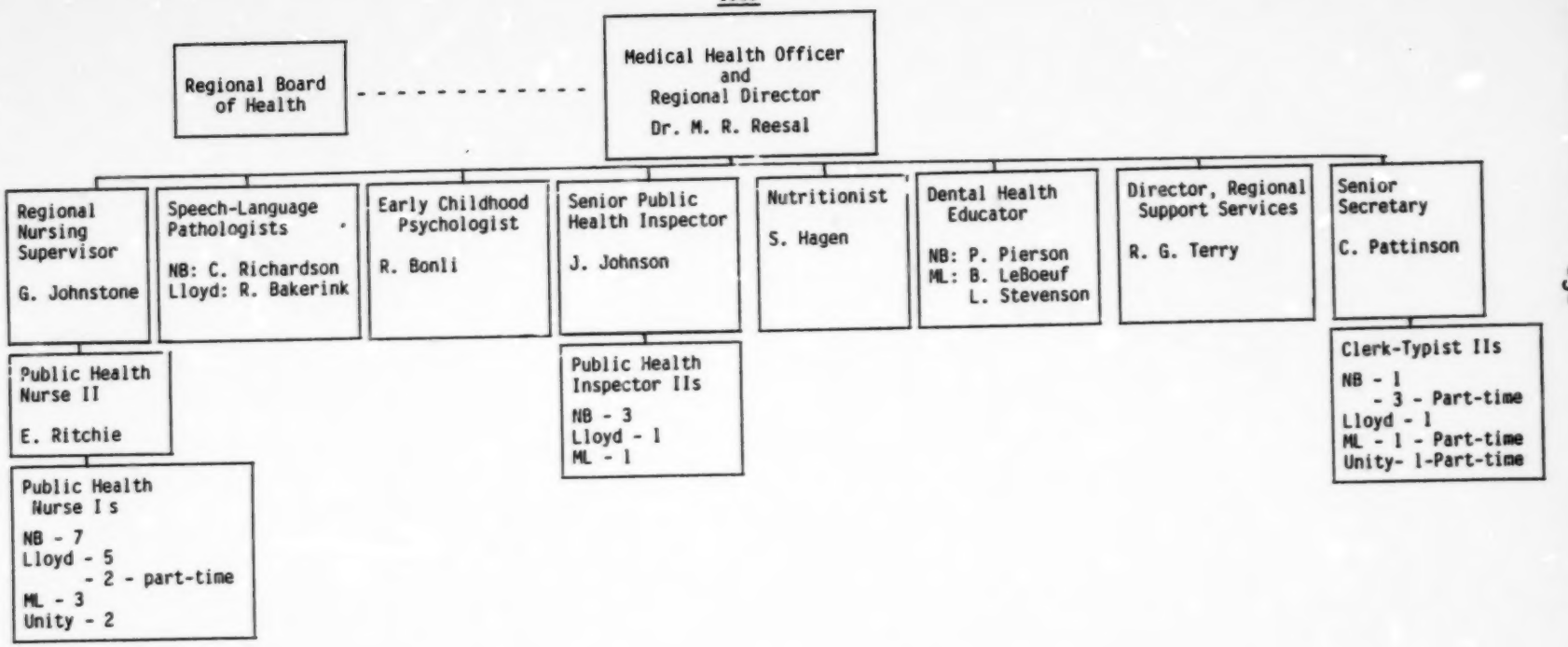
Unity

Carol Ryan, PHN (Definite Leave)
Kathy Johnson, PHN
Yvonne Wiesner, PHN
Victoria O'Donnell, Clerk-Typist II

COMMUNITY HEALTH PREVENTION SERVICES BRANCH

NORTH BATTLEFORD HEALTH REGION

1989



MUNICIPAL HEALTH REPRESENTATIVES, 1990

THE BATTLEFORDS HEALTH DISTRICT #1

Municipalities	Municipal Health Representatives
North Battleford	Glen Hornick, Box 732, North Battleford, S9A 2Y9 Dr. Mary McPhail, 500-11th Ave., N. Battleford, S9A 2S6 Donna Challis, 9038-16th Ave., N. Battleford, S9A 2T7 Tom Donahue, 1751 - 104th Street, N.Battleford, S9A 1P8 Len J. Quiring, 1681-92nd Street, N.Battleford, S9A 0B3 Wayne W. Ray, 1011-113th St., N.Battleford, S9A 2L9 Donald Salie, 1721-92nd Street, N. Battleford, S9A 0B5
Battleford (Town)	Joe Degenstein, Box 466, Battleford, S0M 0E0

NORTH BATTLEFORD RURAL HEALTH DISTRICT #2

Municipalities	Municipal Health Representatives
R.M.377, Glenside	Joan Rayner, R.R.#1, Battleford, S0M 0E0
R.M. 406, Mayfield	David Robert, Box 118, Radisson, S0K 3L0
-Denholm (Village)	Harry Moffatt, Denholm, S0M 0R0
-Maymont (Village)	Rodney Munn, Maymont, S0M 1T0
-Ruddell (Village)	Robert Jackson, Box 33, Ruddell, S0M 2S0
R.M. 408, Prairie	Roland Radchenko, R.R.#1, Battleford, S0M 0E0
R.M. 435,Redberry	Alan Tanchak, Box 160, Hafford, S0J 1A0
-Hafford (Village)	Sylvester Kohut, Hafford S0J 1A0
-Krydor (Village)	Gerald Kinch, Krydor, S0J 1K0
R.M. 436, Douglas	Ronald A. Tanchak, Box 964, Speers, S0M 2V0
-Richard (Village)	Leslie Johnston, Richard, S0M 2P0
-Speers (Village)	T.E. (Ted) Nicholson, Speers, Sask. S0M 2V0
R.M. 437, North Battleford	Mary Weir, 1704 Gregory Drive, S9A 3E8
R.M. 438 Battle River	George Jackson, Box 458, Battleford, S0M 0E0
R.M. 439, Cut Knife	Dwight Brown, Rockhaven, S0M 2R0
-Cut Knife (Town)	Jack Rowswell, Box 563, Cut Knife, S0M 0N0
-Rockhaven (Village)	Don Rowat, Rockhaven, S0M 2R0
R.M. 440, Hillsdale (Half R.M.)	Harvey Ramsay, Neilburg, S0M 2C0

Municipalities	Municipal Health Representatives
R.M. 466, Meeting Lake	Marion Toews, Mayfair, S0M 1S0
R.M. 467, Round Hill	Raymond Ewanchuk, R.R.#1, Mayfair, S0M 1S0
-Rabbit Lake (Village)	Ian McLennan, Box 9, Rabbit Lake, S0M 2L0
R.M. 468 Meota	Kenneth Tucker, R.R.#3, North Battleford, S9A 2X4
-Meota (Village)	Viola MacLeod, Box 86, Meota S0M 1X0
-Metinota (Village)	Richard Bunce, 1401-107th St., N. Battleford S9A 1Z8
R.M. 407, Medstead	Emil Larson, Medstead, S0M 1W0
-Medstead (Village)	Lillian Walker, Medstead S0M 1W0
R.M. 498, Parkdale	Robert E. Warwick, Box 431, Glaslyn, S0M 0Y0
-Glaslyn (Village)	Lloyd Dimond, Box 430, Glaslyn, S0M 2Y0

UNITY HEALTH DISTRICT #3

Municipalities	Municipal Health Representatives
R.M. 379, Reford	Murray Jensen, Box 690, Wilkie, S0K 4W0
-Landis (Village)	Dan Toner, Landis, S0K 2K0
R.M. 380, Tramping Lake	Frank F. Laturnus, Box 101, Tramping Lake, S0K 4H0
-Scott (Town)	John F. Fahl. Scott, S0K 4A0
R.M. 381, Grass Lake	Vern Schaab, Unity, S0K 4L0
-Salvador (Village)	Ruth Gerling, Box 65, Salvador, S0L 2W0
R.M. 382, Eye Hill	Norbert Leibel, Box 116, Denzil, S0L 0S0
-Macklin (Town)	Pat Doetzel, Box 462, Macklin, S0L 2C0
-Denzil (Village)	Ken Dewald, Denzil, S0L 0S0
-Evesham (Village)	Eunice Partington, Box 24, Evesham S0L 1B0
-Primate (Village)	Mary Ostrosky, Box 6, Primate S0L 2S0
R.M. 409, Buffalo	Diane Sander, Box 905, Wilkie, S0K 4W0
-Wilkie (Town)	Kae Campbell, Box 395, Wilkie, S0K 4W0
R.M. 410, Round Valley	Mike Winterhalt, Box 32, Unity, S0K 4L0
-Unity (Town)	Lee Wade, Box 113, Unity, S0K 4L0
-Adanac (Village)	Debbie Ralston, Box 161, Unity, S0K 4L0
R.M. 411, Senlac	Muriel Claughton, Box 1353, Unity, S0K 4L0
-Senlac (Village)	Ralph Vawter, Senlac, S0L 2Y0

LLOYDMINSTER RURAL HEALTH DISTRICT #4

Municipalities	Municipal Health Representative
R.M. 440, Hillsdale (Half R.M.)	Garth Hollingshead, Neilburg, S0M 2C0
-Neilburg (Village)	Lyle Thom, Neilburg, S0M 2C0
R.M. 442, Manitou Lake	Neil Lamb, Neilburg, S0M 2C0
-Marsden (Village)	Jean Brannick, Marsden, S0M 1P0
R.M. 470, Paynton	S. Arthur Jones, Box 259, Paynton, S0M 2J0
-Paynton (Village)	Ronald Falcon, Box 54, Paynton, S0M 2J0
R.M. 471, Eldon	Vernon Smith, Maidstone, S0M 1M0
-Maidstone (Town)	Lawrence Meier, Box 270, Maidstone, S0M 1M0
-Waseca (Village)	Carol Hamelin, Box 91, Waseca,S0M 3A0
R.M. 472, Wilton	Leona Beamish, Box 508, Lloydminster, S9V 0Y6
-Lashburn (Town)	Marilyn Donald, Box 171, Lashburn, S0M 1H0
-Marshall (Village)	Sylvia Broley, Marshall, S0M 1R0
R.M. 502, Britannia	James M. Oliver, R.R.#2, Lloydminster, S9V 0X7

TURTLEFORD HEALTH DISTRICT #5

Municipalities	Municipal Health Representatives
R.M. #469 Turtle River	Owen Jones, Vawn, S0M 0V0
-Edam (Village)	Clarence Hanson, Edam, S0M 0V0
-Vawn (Village)	Maurice Duhaime, Box 54, Vawn, S0M 2Z0
R.M. 499, Mervin	Jack McMurphy, Box 36, Turtleford, S0M 2Y0
-Mervin (Village)	John T. Otteson, Box 44, Mervin, S0M 1Y0
-Turtleford (Town)	Frank Dopson, Box 95, Turtleford, S0M 2Y0
R.M. 501, Frenchman Butte	J. Baptiste Larre, Box 235, St. Walburg, S0M 2T0
-St. Walburg, (Town)	Josephine Prosser, Box 400, St. Walburg, S0M 2T0
-Paradise Hill (Village)	Richard Dundas, Paradise Hill, S0M 2G0
R.M. #529, Greenfield	Garry Kaplar, General Delivery, Livelong, S0M 1J0
-Spruce Lake (Village)	No representative named

MEADOW LAKE HEALTH DISTRICT #6

Municipalities	Municipal Health Representative
R.M. 561, Loon Lake	Alison Warner, Box 22, Makwa, S0M 1N0
-Loon Lake (Village)	Harry J. Kostuik, Loon Lake, S0M 1L0
-Makwa (Village)	Frank Bertrand, Makwa, S0M 1N0
R.M. 588, Meadow Lake	Chester Olson, Box 156, Meadow Lake, S0M 1V0
-Meadow Lake (Town)	Doug Cook, Box 2386, Meadow Lake, S0M 1V0
R.M. 622, Beaver River	Siegfried Bansch, Goodsoil, S0M 1A0
-Goodsoil (Village)	Mary Slager, Goodsoil, S0M 1A0
-Green Lake (Northern Village)	Raymond Moskowec, Box 128, Green Lake, S0M 1B0
-Pierceland (Village)	Marlene Pikowicz, Pierceland, S0M 2K0

LLOYDMINSTER CITY HEALTH DISTRICT #7

Municipalities	Municipal Health Representative
Lloydminster (City)	Mayor P. Gulak, 4702-38th St., Lloydminster S9V 0B7
	D. Arthur, c/o 5011-49th Ave., Lloydminster S9V 0T8
	H. Flieger, 5635-46 St., Lloydminster, T9V 0E6
	B. Foster, c/o 5011-49 Ave., Lloydminster S9V 0T8
	C. MacKay, 5314-45 Street, Lloydminster S9V 0B7
	R. Starke, 2901-56 Ave., Lloydminster T9V 2B2
	R. Summers-Gill, 5613-35 St., Lloydminster T9V 1S1

MEDICAL HEALTH OFFICER'S REPORT

On behalf of the staff of the North Battleford Region, it is with great pleasure I present the annual report to the North Battleford Municipal Health Representatives.

Much of the accomplishments noted in this report occurred under the direction of Dr. Paul F. Schnee who, during the twelve years he spent in North Battleford, achieved the high level of professionally competent services we are about to review; these services, I know, have been held in high esteem by the public and the Board.

It is an honor for me to be asked to serve you as Medical Health Officer and Regional Director.

In their annual reports, several of our program heads have referred to changes which have been taking place in our Region. Equally so, we recognize their resilience in responding to these changes and, this speaks well for their resourcefulness in meeting demands imposed by recent adverse social and economic conditions.

We are in the decade of a New Public Health. While we have not abandoned traditional roles in infection disease control (immunization, public health inspection), we have strengthened interests in broader issues increasingly being recognized as root causes of misery, unhappiness and disease. Poverty, homelessness, adolescent pregnancy, illiteracy, drug adictions, hunger, prejudice and hate are root causes of social disharmony, violence, accidents, stress and dispair. In our approach, health promotion and the willingness to understand and work with others must lead the way to greater physical, social and mental well-being. Ours is that duty to show the way.

We must take part in discussions on our environment. This environment is to be found in the home, our village, our town, our city, our Province, in Canada and this planet. You will have noticed that legislation currently being introduced focuses on the removal or prevention of harmful emissions that impact unfavourably on the ozone layers in the upper atmospheres. We must be conversant not only with farm chemicals to which our people are exposed, we must be conscious also of our role in making this global village a better and healthier place for all living things, including ourselves and our children.

Children of today are our contributions to the future; the soundness of health in body and mind we permit them to develop, and enjoy, will determine the society they create for themselves and for those who grow older. How will they judge those who came before them -- as careless and wasteful, or as responsible, conserving and kind?

The measure of good-will extended to the elderly and the handicapped must always exist in civilized living. Elderly citizens, especially in our towns and cities are often lonely and physically encumbered. The services we have offered from this region in Chiropody, in Respiratory and Hearing aids, in Mental Rehabilitation, in Dental Education, in Nutrition must remain strong.

To be able to respond to this broader vision of community health and preventive medicine, we need your help as a Community to promote healthy living and to identify adverse health problems. We must be able to assemble community resources to deal with these problems. We must be prepared to educate both the young and the old and to change self-destructive habits and behaviors. We must work as partners with other government and non-government agencies committed to the same ends; working together, we can make a difference. We can respond to change and we can take pride in our accomplishments.

ANALYSIS OF STATISTICS

In early 1990, Saskatchewan Health made available a valuable publication on the Vital Statistics for the Province for 1987. The population of the Health Region (North Battleford - excluding Lloydminster, (Alberta)), was listed as 83,744; addition of the Lloydminster - Alberta population brought the population of the Region to 95,140 (Table 1). The population of the Health Region for 1989, including the Alberta section was 92,825, showing a total decrease from 1987 to 1989 of 2,315.

From other official sources and publications, the distribution of live births and deaths were derived for each city and "urban places more than 1,000 in population". (Table 1) An encouraging downward trend is observed in infant mortality and still births from 1983 to 1989. (Table 2), a trend which is retained when the rates are examined in Table 3. The birthrate of 17.7 in Health Region #13 (Table 4) compares with the Saskatchewan rate of 16.8; 14.4 is recorded for Canada. Comparisons with other provinces show that Quebec has the lowest (12.7) birthrate and Alberta the highest (17.7).

An age group analysis of populations reveals an increase in the proportion of the people over 65 (Table 5) in Saskatchewan and Canada. The proportion of individuals over 65 is higher in H.R.#13 than the national average.

Table 6 shows a most interesting and useful analysis of the population breakdown according to locations. Although this region as a whole is similar in its age distribution to the general distribution within the Province (except for a significantly higher 0-19 proportion), the towns and villages contain a much higher proportion of 65 plus citizens (18%) than the cities (13%), but the proportion for the Reserves is less than 3%, similar to population trend observed for Northern Saskatchewan. More than half of the population on the Reserves are within the 0-19 age group.

Health care planning must take into account these population distributions to be able to focus on required services.

The summary statistics made available in Table 7 have been used for the analysis displayed in Table 8. This analysis can be the basis for inferences directed to disease prevention and health promotion. Ischemic heart disease and strokes which are related to alterable factors such as diet, physical inactivity and cigarette smoking top the list of fatal diseases. The combination of respiratory diseases and cancer of the lung are prominent causes of death and are even more closely related to cigarette smoking. Among the causes of accidental death, transport is prominent and although the underlying cause of most fatal transportation accidents has not been studied in our Region, there is little reason to doubt the North American trend which indicates that alcohol plays an important part in the causation of transportation fatalities applies to our region also. It is clear from our analysis that the main causes of death in our society are related to lifestyles which can be modified.

Next to cancer of the lung, the most frequent sites of cancer are the colon, genito-urinary tract (mainly of the prostate) and the female breast. Notice that 14 women died from cancer of the breast, the same number who died from cancer of the lung. In our region, more men than women died from cancer of

the lung, an almost totally preventable disease that often appears before the age of 65.

In looking at the Sexually Transmitted Diseases, bear in mind that only a small number of sexually transmitted diseases is reported by physicians; even so, there is no evidence that STDs are being effectively controlled in North America; many of the infections which we currently observe are resistant to several antibiotics which were effective in the recent past. Chlamydia is a frequent form of STDs; it causes several chronic complications in women. (Table 9).

Giardia lamblia, as has been observed in most of North America, is the most frequently discovered enteric communicable disease. A chickenpox outbreak was observed in April. Hepatitis A remains a troublesome, intractable problem in our Region. Tuberculosis retains it persistent presence. Several cases of Campylobacter infections were attributed to drinking unpasteurized milk. There is room for considerable improvement in sanitation and water supply in some locations in our Region. (Table 10)

A growing problem which will require increasing attention is the occurrence of teen-age pregancies in Saskatchewan. (Table 11). Notice for instance, that 29 children in the 0-14 age category gave birth to live babies; excluding them, more than 1,500 teenagers gave birth to live babies. The highest proportion of babies over 2,500 gms. were born to mothers between the age of 25 to 34. Babies born outside this age range have a higher risk of being underweight. The statistical breakdown for the Regions is shown in Table 12.

Coping with the problems of teenage pregnancies, means providing social support, education and medical assistance often to a single mother and an underweight baby. These circumstances create problems of increasing urgency, problems which require our attention if we are to break the cycle of proverty and poor education created by these combinations.

TABLE 1

VITAL STATISTICS 1987
POPULATION: 83,744*

URBAN PLACES > 1,000

PLACE	POP.	LIVE BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	STILL BIRTHS	PERINATAL DEATHS
NORTH BATTLEFORD	14,876	283	131	4	0	2	2
LLOYDMINSTER (SK)	7,155	183	31	1	1	1	1
BATTLEFORD	3,833	55	42	0	0	0	0
MACKLIN	1,131	21	11	0	0	2	2
MAIDSTONE	1,112	22	19	1	1	0	0
MEADOW LAKE	3,976	105	45	1	0	0	0
UNITY	2,471	35	29	0	0	0	0

*Excludes Lloydminster, Alberta (Population: 11,396)

TABLE 2

VITAL STATISTICS

NORTH BATTLEFORD REGION (EXCLUDING LLOYDMINSTER, ALBERTA)
(AREA: 17,800 miles^2)

YEAR	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	POPULATION
1983	1308	593	17	7	18	12	90,062
1984	1608	575	15	7	19	13	91,900
1985	1675	644	19	13	18	8	93,378
1986	1557	658	11	7	11	5	95,138
1987	1488	591	12	5	10	6	95,140
1988	1421	581	8	4	10	6	93,745
1989	1482	605	9	4	8	6	92,825
Sk.87	17,034	7,808	155	96	181	108	1,014,000
HR13	1,488	591	12	4	10	6	95,140
%	8.7	7.6	7.7	4.2	5.5	5.6	9.3

DEFINITIONS

Births: infants born alive (excluding stillbirths)
Birth Rate: Births/1,000 population.
Stillbirths: Fetal deaths of more than 20 weeks gestation/1,000 live births
Deaths: All deaths (excluding stillbirths)
Infant Deaths: Deaths under one year of age
Neonatal Mortality: Deaths under 28 days of age/1,000 live births
Perinatal mortality: Fetal deaths of more than 20 weeks gestation, under 7 days of life/1,000 live births
Infant death rate: Deaths under 1 year/1,000 live births
Natural Increase: Births - Deaths
SBR: Still births/1,000 live births

TABLE 3

A COMPARISON OF RATES

	BIRTH RATE		STILL BIRTH RATE		INFANT DEATH RATE		PERINATAL DEATH RATE	
YEAR	HR	SASK	HR	SASK	HR	SASK	HR	SASK
1983		18.0	9.2	7.1	11.11	10.1	11.67	12
1984		17.9	8.1	7.0	9.30	9.4	11.71	12
1985		17.8	10.7	6.1	11.34	11.0	10.70	11
1986		17.3	3.2	6.2	7.06	9.0	7.05	10
1987	17.7*	16.8	4.0	5.6	8.06	9.1	6.69	10
1988		-	4.2	-	5.63	-	7.01	-
1989	17.82**	-	4.0	-	6.07	-	5.38	-

HR - Health Region #13
* - Derived from Sask. Health Vital Statistics

** - Based on Sask. Population (83,106 - exclude Lloydminster, Alta.)

TABLE 4

LIVE BIRTH RATE/1,000 POPULATION - 1987

PLACE	RATE	PLACE	RATE	PLACE	RATE
Canada	14.4	Quebec	12.7	B.C.	14.3
Sask.	16.8	Newfoundland	13.1	Ontario	14.5
Alberta	17.7	New Brunswick	13.5	Prince Edward Island	15.4
Manitoba	15.7	Nova Scotia	13.8	H.R. #13 (Sask.)	17.7

TABLE 5

PERCENTAGE DISTRIBUTION OF TOTAL POPULATION BY AGE

AGE	CANADA 1982	CANADA 1987	SASKATCHEWAN 1982	SASKATCHEWAN 1987	H.R. # 13 1989
6-19	31.3	28.6	33.9	32.0	35.2
20-44	39.7	41.3	35.2	37.5	36.5
45-64	19.1	19.2	18.7	17.6	15.9
65+	9.9	10.9	12.2	12.9	12.5

TABLE 6

POPULATIONS: AGE DISTRIBUTION - 1989

	Prov.	N.B.	Locations within the North Battleford Region					NS	SK	RE	YN
			Cities	Towns	Villages	Rural Areas	Reserves				
0-19	31.4	35.2	30.8	30.3	31.2	34.7	54.5	48.1	28.7	29.1	29.4
20-44	38.1	36.5	41.0	35.8	34.8	35.0	34.9	37.3	45.1	43.3	31.9
45-64	17.3	15.9	15.1	16.0	15.8	20.6	7.7	10.6	16.1	17.0	19.7
65+	13.1	12.5	13.1	18.4	18.2	9.8	2.7	4.1	10.2	10.7	19.0

Key to abbreviations
NB - North Battleford
NS - Northern Saskatchewan
SK - Saskatoon
RE - Regina
YN - Yorkton

TABLE 7

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1989
FOR HEALTH REGION #13 NORTH BATTLEFORD

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	605	370	235	7	6	8	3	20	5	53	30	81	46	201	145
02 TUBERCULOSIS	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0
03 OTHER BACTERIAL DISEASES	5	4	1	0	0	0	0	0	0	2	0	2	0	0	1
08 M N OF LIP,ORAL CAVITY,PHARYNX	6	5	1	0	0	0	0	0	1	3	0	1	0	1	0
09 M N OF DIGESTIVE ORGANS,PERITONEUM	30	16	14	0	0	0	0	1	0	2	3	6	5	7	6
10 M N OF RESPIRATORY & RELATED ORGANS	36	22	14	0	0	0	0	1	0	2	5	6	6	13	3
11 M N OF BONE,SKIN,BREAST	16	2	14	0	0	0	0	0	0	0	3	2	4	0	7
12 M.N. OF GENITOURINARY ORGANS	23	14	9	0	0	0	0	0	0	1	2	4	5	9	2
13 M N OF OTHER & UNSPECIFIED SITES	13	7	6	0	0	0	0	0	0	4	2	0	2	3	2
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	6	6	0	0	0	0	0	2	0	1	0	2	0	1	0
17 OTHER & UNSPECIFIED NEOPLASM	4	2	2	0	0	0	0	0	0	0	0	0	1	2	1
18 ENDOCRINE & METABOLIC DISEASES	13	4	9	0	0	0	0	0	0	1	1	0	2	3	6
19 NUTRITIONAL DEFICIENCIES	2	1	1	0	0	0	0	0	0	0	0	0	0	1	1
20 DIS OF BLOOD/FORMING ORGANS	2	2	0	0	0	0	0	0	0	0	0	1	0	1	0
21 MENTAL DISORDERS	3	1	2	0	0	0	0	0	0	0	0	0	0	1	2
22 DISEASES OF THE NERVOUS SYSTEM	16	11	5	1	0	0	0	0	0	2	2	4	2	4	1
26 HYPERTENSIVE DISEASE	2	0	2	0	0	0	0	0	0	0	0	0	1	0	1
27 ISCHAEMIC HEART DISEASE	150	99	51	0	0	0	0	1	0	14	5	28	6	56	40
28 PULMONARY & OTHER HEART DISEASE	38	27	11	0	0	0	0	0	0	1	1	6	2	20	8
29 CEREBROVASCULAR DISEASE	53	28	25	0	0	0	0	0	0	2	1	2	3	24	21
30 OTHER DISEASES OF CIRCULATORY SYSTEM	26	15	11	0	0	0	0	1	0	3	0	4	2	7	9
32 OTHER DISEASES OF RESPIRATORY SYSTEM	57	39	18	0	0	0	0	0	0	4	1	7	3	28	14
34 OTHER PARTS OF DIGESTIVE SYSTEM	24	14	10	1	0	0	0	1	1	5	0	2	2	5	7
35 DISEASES OF URINARY SYSTEM	12	6	6	0	0	0	0	0	0	1	1	0	0	5	5
36 DISEASES OF MALE GENITAL ORGANS	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	3	1	2	0	0	0	1	1	0	0	0	0	0	0	1
44 CONGENITAL ANOMALIES	2	0	2	0	1	0	0	0	0	0	1	0	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	9	4	5	2	2	0	0	0	0	0	0	0	0	2	3
E47 TRANSPORT ACCIDENTS	22	17	5	1	0	3	1	6	2	2	2	1	0	4	0
E48 ACCIDENTAL POISONING	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
E49 MISADVENTURES DURING MEDICAL CARE	2	2	0	0	0	0	0	0	0	0	0	0	0	2	0
E50 ACCIDENTAL FALLS	4	2	2	0	0	0	0	1	0	0	0	0	0	1	2
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0
E52 OTHER ACCIDENTS,LATE EFFECTS	7	6	1	1	0	1	1	1	0	1	0	1	0	1	0
E53 EFFECTS OF DRUGS AND MEDICAITON	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
E54 SUICIDE AND SELF-INFLICTED INJURY	9	9	0	0	0	4	0	3	0	2	0	0	0	0	0
E55 HOMICIDE & INTENTIONAL INJURY	2	0	2	0	2	0	0	0	0	0	0	0	0	0	0
E56 OTHER VIOLENCE	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0

TABLE 8

CAUSES OF DEATH IN NORTH BATTLEFORD HEALTH REGION #13 - 1989

	TOTAL	M	F	<24	25-64	>65	% Prov.	% HR13
All Causes	605	370	235	24	108	473		
Ischemic Heart Disease	150	99	51	0	20	130	24.2	24.8
Cerebrovascular (Strokes)	53	28	25	0	3	50	8.3	8.8
Respiratory	57	39	18	0	5	52	9.5	9.4
Ca Lung	36	22	14	0	8	28	5.9	6.0
Accidents (Total)	50	37	13	14	22	14	7.7	8.2
Transport	22	17	5	5	12	5	2.7	3.6
Suicide	9	9	0	4	5	0	1.6	1.5
Homicide	3	0	3	2	1	0	.5	.5
Cancer	134						23.2	22.1
Lung	36	22	14	0	8	28	5.9	6.0
Mainly Colon	30	16	14	0	6	24	6.6	5.0
Genito-Urinary	23	14	9	0	3	20	4.1	3.8
Breast	16	2	14	0	3	13	2.5	2.6

PROV - Saskatchewan

HR13 - North Battleford Health Region

TABLE 9

SEXUALLY TRANSMITTED DISEASE 1989

	H.R. 13	Sask. Total
Chlamydia	115	2992
Gonorrhoea	47	935
Non GC urethritis	15	331
Genital Herpes, T1	3	93
Genital Herpes, T2	5	248

No case of opthalmia neonatorum was reported in the Province.

No new case of syphilis was reported in the Province during 1989

TABLE 10

COMMUNICABLE DISEASES: ORGANISMS CAUSING INFECTIONS, NOTIFIED - 1989

Giardia lamblia	111	
Chicken Pox	85	(April)
Hepatitis A	64	
Shigella	25	
Salmonella	16	
Campylobacter	12	
Hemophilus meningitis	4	
Measles	4	
Mumps	3	
Pertussis	2	(February)

TABLE 11

NUMBER OF BIRTHS
OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND BIRTH WEIGHT

		<2500 GRAMS	2500+ GRAMS	TOTAL	PERCENT <2500
TOTAL	TOTAL	872	15700	16572	5.3
	MARRIED	583	11524	12107	4.8
	OTHER	289	4176	4465	6.5
10-14	TOTAL	0	29	29	0.0
	MARRIED	0	1	1	0.0
	OTHER	0	28	28	0.0
15-19	TOTAL	110	1546	1656	6.6
	MARRIED	16	217	233	6.9
	OTHER	94	1329	1423	6.6
20-24	TOTAL	203	4124	4327	4.7
	MARRIED	113	2525	2638	4.3
	OTHER	90	1599	1689	5.3
25-29	TOTAL	315	5999	6314	5.0
	MARRIED	255	5174	5429	4.7
	OTHER	60	825	885	6.8
30-34	TOTAL	185	3160	3345	5.5
	MARRIED	158	2859	3017	5.2
	OTHER	27	301	328	8.2
35-39	TOTAL	46	755	801	5.7
	MARRIED	33	671	704	4.7
	OTHER	13	84	97	13.4
40-44	TOTAL	11	84	95	11.6
	MARRIED	6	74	80	7.5
	OTHER	5	10	15	33.3
45-49	TOTAL	2	3	5	40.0
	MARRIED	2	3	5	40.0

TABLE 12

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	16572	29	1656	4327	6314	3345	801	95	5
	MARRIED	12107	1	233	2638	5429	3017	704	80	5
	OTHER	4465	28	1423	1689	885	328	97	15	
# 1 SWIFT CURRENT	TOTAL	503		29	114	240	90	28	2	
	MARRIED	437		4	92	231	83	25	2	
	OTHER	66		25	22	9	7	3		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	978		77	284	378	190	43	5	1
	MARRIED	796		15	223	342	174	37	4	1
	OTHER	182		62	61	36	16	6	1	
# 3 WEYBURN-ESTEVAN	TOTAL	674	1	48	177	298	126	21	3	
	MARRIED	564		8	137	276	120	20	3	
	OTHER	110	1	40	40	22	6	1		
# 5 REGINA RURAL	TOTAL	926	1	93	262	350	180	36	4	
	MARRIED	700		18	164	312	167	36	3	
	OTHER	226	1	75	98	38	13		1	
# 7 ROSETOWN-BIGGAR-KINDERSLEY	TOTAL	606	1	30	135	262	139	31	8	
	MARRIED	529		6	107	245	133	30	8	
	OTHER	77	1	24	28	17	6	1		
# 8 SASKATOON RURAL	TOTAL	678		35	168	259	173	39	4	
	MARRIED	612		15	142	247	167	37	4	
	OTHER	66		20	26	12	6	2		
#10 YORKTON-MELVILLE	TOTAL	913	2	72	245	354	178	54	7	1
	MARRIED	744		16	179	325	166	50	7	1
	OTHER	169	2	56	66	29	12	4		
#11 MELFORT-TISDALE	TOTAL	925		80	293	364	146	37	5	
	MARRIED	723		18	199	330	136	35	5	
	OTHER	202		62	94	34	10	2		
#12 PRINCE ALBERT	TOTAL	1363	4	190	410	467	231	56	4	1
	MARRIED	845		27	218	360	190	46	3	1
	OTHER	518	4	163	192	107	41	10	1	
#13 NORTH BATTLEFORD	TOTAL	1482	3	181	452	526	258	56	6	
	MARRIED	956		21	247	419	220	43	6	
	OTHER	526	3	160	205	107	38	13		
CITY OF REGINA	TOTAL	3089	4	295	724	1215	667	161	23	
	MARRIED	2211		24	380	1042	607	140	18	
	OTHER	878	4	271	344	173	60	21	5	
CITY OF SASKATOON	TOTAL	3300	6	287	737	1265	796	196	12	1
	MARRIED	2464	1	45	426	1094	717	171	9	1
	OTHER	836	5	242	311	171	79	25	3	
NORTHERN SASKATCHEWAN	TOTAL	780	4	212	247	196	95	19	6	1
	MARRIED	247		12	67	87	63	12	5	1
	OTHER	533	4	200	180	109	32	7	1	

DIRECTOR, REGIONAL SUPPORT SERVICES

1989/90 was a year earmarked by change. 1989/90 saw Dr. Schnee, Medical Health Officer and Regional Director resign his position to assume responsibility for the Saskatchewan Rural Health Region. Dr. M. Reesal was appointed as Medical Health Officer and Regional Director in November.

In February, subsequent to Mr. S. Malach's resignation as Executive Director, Community Health Services was split into two branches: Community Health Prevention Services and Community Health Treatment Services. The Community Health Prevention Services Branch assumed responsibility for Public Health Nursing, Public Health Inspection, Early Childhood Psychology, Nutrition, and Speech Language Pathology. The Community Health Treatment Services Branch took on responsibility for the Chiropody, Community Therapy and Hearing Aid Programs. Apart from a few minor inconveniences experienced in adjusting to the change, the split evidently went unnoticed by our clientele.

The level of service provided during the year was consistent with the quality of service our clientele have come to be accustomed to which is a tribute to the professionalism and dedication of the region's personnel.

Early Childhood Psychology and Speech Language Pathology services were interrrupted during the year due to maternity leaves. We were able to acquire the services of a Speech Language Pathologist for most of the year. We were not however as fortunate in finding a temporary replacement to the Early Childhood Psycholoist position. As a result, ECP services were discontinued between September 1989 to March 31, 1990. The need for additional services in both these areas within the Region and in particular in the Meadow Lake area is a concern and is an issue the Department is addressing.

Public Health Inspection Services were curtailed somewhat in Lloydminster and the surrounding area during the year as well. Coverage was provided on a priority basis out of North Battleford.

Overcrowding due to the lack of office space in Meadow Lake and to a lesser extent in North Battleford remains a concern. A space audit was completed for senior department management.

Public interest and request for information and speakers' bureau presentations on AIDS which was prominent during 1988/89 declined during 1989/90.

1989/90 also saw changes in the Everyone Wins program in its being decentralized to the Region and the development of the Family Forums initiative. 1989/90 was also the year the Region stepped into the computer age with the purchase of an IMB personal computer.

As 1989/90 could best be described as a year of change, 1990/91 could perhaps be looked on as a year of adjustment. The new directions, emphasis, and initiatives of the changes in 1989/90 will most likely foster, and will undoubtedly open new opportunities and challenges for us all in 1990/91.

Respectfully submitted
R. Gordon Terry

REGIONAL NURSING SUPERVISOR'S ANNUAL REPORT

"CHANGE" has been identified as the only constant in today's society. Public health nursing both in the Region and provincially is constantly being modified to meet the health care challenges of the day. The nursing staff are to be commended for their flexibility in adapting to the changes required.

A revised **COMMUNICATION SCREENING TOOL** for assessing the speech-language skills of three year olds was introduced April 1, 1989. Screening data was collected until December 31, 1989. This is currently being evaluated and should enable us to determine if our screening program is worthwhile.

A revised protocol for **VISION SCREENING** of four, six, and nine year olds was introduced January, 1989. During 1990, data is being tallied to evaluate the effectiveness of this program.

An attempt was made during 1989 to improve services to pregnant teens through the **ADOLESCENT PREGNANCY SUPPORT PROGRAM.** During 1989 the Region had 118 births to females aged 19 years or younger, 44 of whom were aged 17 years or younger. Nurses received referrals of only 12 pregnant teens (10% of target population) for counselling/support. Under-referral is clearly an issue and one we are attempting to remedy through closer liaison with physicians, social workers, and education personnel.

A national Symposium on Families was held in Regina last July. From this arose an impetus to strengthen **SERVICES TO FAMILIES**, one thrust being to develop and conduct "Family Forums" at the community level. Public Health Nurses actively participated in the planning of the Forums in Meadow Lake and North Battleford.

Several schools again experienced outbreaks of **PEDICULOSIS** and **SCABIES.** A considerable amount of nursing time was spent in screening and follow-up. We are re-examining our role in pediculosis control, as have other public health jurisdictions across Canada. An "educational" approach to the problem has been demonstrated to be more effective in the long term than the screening approach. Families themselves must then assume more responsibility for screening (and necessary treatment) of their children's hair.

The Saskatchewan Institute on Prevention of Handicaps conducted a **COMMUNITY PREVENTION PROJECT** in Lloydminster, the identified need being prevention of teen pregnancies. One of our nurses served on the community board for the project. Upon completion of the project, a small group has continued to address community health issues, currently focusing on accident prevention. This is a good example of addressing local health needs through a **"COMMUNITY DEVELOPMENT"** service delivery model, currently being espoused by our Branch. Communities themselves should identify their own unique health care needs and develop ways to meet these needs in a manner that is acceptable and appropriate for that community. Public Health Nurses can provide expert facilitation to communities in their efforts to achieve health.

A private agency, Associated Respiratory Services, has added **RESPIRATORY THERAPISTS** to their staff in North Battleford and Lloydminster. This created a need for us to clarify how we can better coordinate respiratory services to

clients on home oxygen therapy.

Our nursing staff again participated in providing field experience in community health for **NURSING STUDENTS** from the Universities of Saskatchewan and Alberta and the Indian Diploma Nursing Program.

A research project, the **SASKATCHEWAN HEART HEALTH STUDY**, took in some of the Battlefords area. We were pleased to provide assistance and support to the Project. The Project Nurse, Donna Churko, worked from September to December following which she joined our staff as a Public Health Nurse (vice:Da Silva).

Other **STAFFING CHANGES** continued to revolve around maternity leaves, two of whom opted not to return to work following completion of their maternity leaves. We are currently recruiting for these two positions in Lloydminster.

We welcomed Eleanor Ritchie as PHN II, Assistant Nursing Supervisor, in September. She brings a wealth of experience and expertise to the position.

Leanne Sauer, PHN, Lloydminster, was selected to participate in a training session and subsequently co-conduct **PEAK PERFORMANCE SEMINARS** for Sask. Health employees. This was a Department initiative to assist employees achieve success in both career and personal pursuits.

The absence of a **MEDICAL HEALTH OFFICER** from April until November created difficulties in coordinating the clinical aspects of our services. It necessitated a considerable increase in nursing time to document situations and obtain adequate MHO consultation. We appreciated assistance from MHOs in other Regions but were very pleased to welcome Dr. Reesal to the Region in November. We value the support and direction he has provided.

Lack of adequate **SPACE** in the **MEADOW LAKE OFFICE** has continued to hamper the efficiency with which we can provide service in that area. It has become increasingly frustrating for staff to work in such an inadequate physical environment

Malfunctioning refrigerators on two occasions resulted in some **VACCINE WASTAGE**. It raises the whole dilemma of using domestic as opposed to commercial fridges for vaccine storage and lack of a back up alarm system when refrigerators do malfunction.

Routine nursing programs continue to be offered to the extent that the staffing levels allow us to. We appreciate the extra efforts made by nurses when faced with staff shortages.

Once again we pay tribute to our professional and clerical **CO-WORKERS** who contribute to the spirit of cooperation and teamwork which characterizes the Region. Other **COMMUNITY GROUPS**, agencies, and volunteers lend invaluable support to our efforts in "working together for health and well-being."

My appreciation is extended to the excellent and dedicated nursing staff in the Region who deliver a high quality of public health nursing services to our varied communities.

Gwen Johnstone

SELECTED NURSING STATISTICS

	1987-88	1988-89	1989-90	
NURSING DAYS:	3593	3589	3896	
CHILD HEALTH CONFERENCES:				
Appointments available	13253	12802	12317	
Appointments scheduled	11051	10564	10436	
Appointments seen	9443	9128	8910	
Total Attendance				
Infants	4495	4257	4198	
Preschool	6121	6164	5783	
Immunization:				
4th Dose DPT, DT, DPTP			1188	(82.27%)
MMR			1263	(91.5%)
HiB			1031	(70%)
PRENATAL CLASSES:				
Total	193	264	172	
Attendance: prenatals	466	598	405	
coaches	401	535	365	
HOME VISITS:				
Total	2260	2120	2122	
Prenatal	125	91	94	
Postnatal	751	798	814	
Adults (over 65)	227	303	322	
(under 65)	588	603	640	
Communicable Disease:				
TB		22	3	
STD		8	15	
Other		121	83	
SAIL Total	333	319	317	
Respiratory		196	236	
OTHER (NON HOME VISIT)				
CONTACTS				
Total		4341	4847	
Communicable Disease:				
TB		67	25	
STD		29	40	
Other		393	373	
SAIL Respiratory		188	186	
Other Equipment		102	156	
OFFICIAL VISITS:	1829	1783	2010	
GROUP EDUCATION: (includes health education programs in schools)				
Presentations	127	110	199	
Attendance	3333	1746	3755	
SCHOOL SERVICES:				
Teacher-Nurse Conferences	1062	1154	1379	
Students seen	5346	7167	7093	

SENIOR PUBLIC HEALTH INSPECTOR'S REPORT

Staffing - We had a full staff at year end, however, during the year, we experiences a 10% shortage due to maternity leave. Our field inspectors have an average 17,000 population per district and when we consider the influx of tourists into the region, our average is much higher. A ratio of one PHI per 15,000 population is an accepted level in many jurisdictions.

Food Control. Restaurant inspections and related activities accounted for 8% of the inspector's time during the year. A number of restaurants improved their food handling practices due to the persistance of the inspectors. A facility required three visits in a month in order to convince the owner that sanitary practices could be improved. One problem restaurant closed voluntarily for two weeks in order to accomplish a thorough cleaning. Investigation of a complaint regarding the method of removal of an ice cream product from a mould resulted in a more hygeinic method of removal.

Communicable Disease Investigation. Public Health Inspectors investigate all confirmed incidents of illness which may be spread by contaminated food or water. A major investigation in January of sporadic cases of infectious hepatitis involved other agencies and resulted in documenting of 18 cases. An inspector prepared a presentation showing the progression of the outbreak from the index case.

Community Health Education. A santitation training program for food service personnel was presented on 13 occasion from Pierceland to Hafford and Meadow Lake to Unity. The Level I Swimming Pool Course was presented twice and one PHI participated in the presentation of a Provincial Level II course.

Carbon Monoxide (CO) Testing. CO testing in arenas indicate that more education is needed in arena operation. High levels develop when ice surfacing equipment is poorly tuned or when there is inadequate ventilation. In one facility, which showed high levels, the fans were not being used during resurfacing of the ice.

Petroleum Contamination of Water. Testing at the site of a former fuel bulk storage facility indicated gasoline contamination, with some constituents above acceptable levels. Esso responded quickly with added sampling of wells in the village, and provided bottled drinking water for those whose wells may have been affected. Then wells were sampled by the PHI to confirm results of independent tests. Removal of the soil and aeration of the water is being considered to alleviate the situation.

In closing, I wish to commend the inspectors for their dedication during the past year. They work hard to solve an assortment of problems and are always ready to face new challenges. I also thank the clerical staff for the valuable assistance which they have provided to the public health inspectors in the past year.

Respectfully submitted
John R. Johnson

NUTRITIONIST'S REPORT

The main priority of the public health nutritionist is to provide information to encourage individuals to make healthy food choices. This is accomplished by providing consultative services to public health staff and related professionals, government agencies, community groups and individuals.

A summary of activities and progress during the last year follows:

(1) Requests for information about diet and heart health increased dramatically. This led to the formation of a provincial working committee, of which I was a member. Specifically our committee was charged with the responsibility of establishing a provincial program to accommodate these requests. An outline for a two part workshop series called "Eat Smart for Your Heart" was developed. Several successful workshops were conducted throughout the health region including a condensed version for public health nurses. During the workshops participants had the opportunity to develop new skills in several areas including food purchasing and preparation, recipe modification and reading labels. This is an ongoing public education program which will be continued in the future.

(2) March is National Nutrition Month. To promote Nutrition Month in the Battlefords, guided tours of the Battleford's and District Co-op were offered to interested consumers. The idea behind the tours is that healthy eating begins in the grocery store but consumers often need assistance in interpreting food labels and making smart food choices. By taking consumers aisle by aisle through Canada's Food Guide groups, participants questions about fibre, cholesterol and saturated fat are easily answered. Much positive feedback was received from tour participants and the grocery store manager. "Eat Smart" grocery store tours will be offered once per month in the future.

(3) The Canadian Guidelines for Promoting Nutritional Health During the Preschool Years were released and distributed late last fall. This is a resource directed to health and child care professionals who influence programs and policies related to the health and well being of children. Initial presentations on the content of publication have been made to public health nurses and a group of physicians. The publicaion will continue to be actively promoted in the future.

(4) Teacher eduation workshops are available for Division I and II teachers. As well, a new program, Project APEX (Action Program on Eating and Exercise) has been launched this year. Workshp materials are provided by the Saskatchewan Dairy Foundation. To date, the response in this area has been slow. Further avenues of promotion will be investigated in the coming year.

(5) The media continues to be a very useful tool for reaching large numbers of individuals. Several newspaper and television interviews have been completed throught the year. As well, a show called "Nutrition Forum" is taped once per month for viewing on the local Telecable channel. Due to policy change, there has been a significant decrease in the number of columns distributed to local and regional newspapers. This definitely limits my contact with many of the rural areas.

(6) Limited counselling is done on an individual basis. Most of the counselling provide is to referrals made from public health nurses as part of the preschool core program. Young children who are overweight or underweight or suffer from allergies require nutrition intervention. Adults often request assistance and information regarding sensible eating.

The past year has been one of challenge and change. I would like to take this opportunity to express my appreciation for the assistance, co-operation and support received from colleagues as I worked to become familiar with my position. I look forward to an exciting and productive new year.

Shelly A. Hagen, P.Dt.
Public Health Nutritionist

NUTRITIONIST SERVICE STATISTICS

(April 1, 1989 - March 31, 1990)

I. PRESENTATIONS

Groups	# Presentations	Total Attendance
Prenatal Classes	11	206
School Presentations *	12	281
Adult Education Programs	11	128
Education Personnel (Teachers/Principals)	4	38
Community Groups **	34	672
Professional Groups ***	9	107

* Includes series presentations at Provincial Youth Health Education Conference- Lifestyle Choices
** Includes Eat Smart for Your Heart Workshops
*** Includes local dietitians, Home Care Personnel, etc.

II. MEDIA AND SPECIAL MATERIAL PRODUCTION

Newspaper Releases	28
Radio Spots	20
Interviews - Television, Newspapers	8
Displays - (Includes Lifestyles '89)	10
Development Resource Material	2

III. INSERVICE AND ORIENTATION

Public Health Nursing Conference Presentations (Includes presentation Early Childhood Team Meeting)	5
Orientation - New Staff and Students	14

IV. INFORMATION/CONSULTATIONS

Queries for information, material or nutrition education resources

Public	167
Staff	107
Health Professionals	35
Education Personnel	14
Community Agencies/Associations	23
Diet therapy consultation/counselling	56

EARLY CHILDHOOD PSYCHOLOGY STATISTICS

(April - July 1989)

CASELOAD	April	May	June	July
New Referrals Received During Month	11	7	12	2
Discharges During Month	18	15	24	62
Active Caseload at Month End	121	113	101	41
PSYCHOLOGICAL SERVICES				
Number of appointments with or for children during month	30	17	30	16
WORK REPORT (Percentage of time)				
Casework/Case Management	64	35	60	73
General Consultation	3	4	3	3
ECIP Participation	4	6	10	9
Public Education	0	11	4	4
Research	3	3	2	0
Inservice Education	0	14	0	0
Professional Updating	1	0	2	1
Travel	18	12	11	6
Administration	6	14	11	4

SPEECH-LANGUAGE PATHOLOGISTS' REPORT

The primary goal of the Speech-Language Pathology program has been the early identification and treatment of communication disorders. After assessing a preschooler's communication skills, programs are developed to help them learn more effective ways of communicating. This treatment program may involve individual or group therapy with the Speech/Language Pathologist. Most often it takes the form of a third-party program where parents or other care-givers are responsible for working with the child.

Speech Pathology services have also been offered to adult clients on a more limited basis. Adult client's problems we have worked with include the speech and language problems caused by stroke or neurological disorders, stuttering and a variety of voice disorders.

Consistant provision of the above services has been difficult during the last year due to staffing changes. There were vacancies and staff changes in both the Lloydminster and North Battleford offices.

In Lloydminster Terri Pulfer resigned at the end of June 1989. This position was vacant until November 1989 when Ronda Bakerink joined the Program.

In North Battleford Betty Tholl resigned in November 1989. Cathy Richardson who was due to return February 1, 1990 from maternity leave requested an indefinite leave of absence. She worked on a casual basis in January 1990 and began working part-time in February which she will continue until the position has been filled.

Vacancies and staff changes cause a significant disruption to service delivery. Individual therapy has been inconsistent and waiting periods between referral and assessment have increased. As the stats indicate many clients who have been on treatment programs are overdue for review. This backlog of clients has been a major concern and it is hoped the situation will improve with more consistent staffing.

The Speech and Language Pathologists participated in a province wide Communication Screening Program study conducted by the Public Health Nurses from April 1989 through December 1989. The purpose of the study was to find a screening instrument to detect children who have communication difficulties or who would be at risk for same. Preliminary results show the Communication Questionnaire to be a fairly reliable and valid screening tool.

1989-90 has seen the division of Community Health Services into two branches: Prevention and Treatment. As our program has been designated the former, the next few years hold some interesting challenges to try and increase our prevention emphasis and hopefully decrease the treatment need in the Region.

We would like to take this opportunity to thank all the staff of Health Region #13 for their support and patience as we try to meet the challenges of delivering our program. We look forward to another year of co-operation and teamwork with you.

Submitted by
Ronda Bakerink and Catherine Richardson

SPEECH AND LANGUAGE SERVICES STATISTICS

DISTRIBUTION OF WORKING TIME

(Average per month for April 1989 to March 31, 1990)

	NORTH BATTLEFORD		LLOYDMINSTER	
	1988-89*	1989-90***	1988-89**	1989-90**
Casework	66.2%	70.5%	74.9%	54.4%
Travel	10.1%	11.8%	11.4%	10.4%
Public Education	1.5%	2.8%	.2%	2.0%
Administration	14.9%	11.2%	8.9%	22.0%
Professional Development	7.3%	3.7%	4.7%	7.2%

* Based on 11 months there was a SLP in North Battleford
** Based on 8 months there was a SLP in Lloydminster
*** Based on 8 months full time and 3 months part time

CASELOAD INFORMATION

	1988-89	1989-90
Number of New Referrals	420	300

Source of Referrals	1988-89	1989-90
PHN 3-year Communication Questionnaire	211	118
Other PHN	84	88
ECP	5	0
SHAP	0	0
Parent	29	14
M.D.	12	14
Other	79	62

STATUS OF CASES

	Waiting for Assessment	Waiting for Treatment	In Treatment	TOTAL	Overdue for Review
March 31, 1988	99	52	142	293	47
March 31, 1989	83	39	168	290	35
March 31, 1990	117	3	243	363	127

"Foot Notes"

CHIROPODY PROGRAM REPORT

1989 marks the 5th year of chiropody services provided to residents of the North Battleford Health Region.

Treatment is provided at clinics held in North Battleford, Unity, Meadow Lake, and Lloydminster.

Chiropody treatment is available to all residents in the health region with a valid health services card.

Patients are seen on referral from:

1) General Practitioners
2) Public Health Nurses
3) Home Care Nursing Coordinators

Mrs. Joan McRae was appointed full time chiropody assistant effective September and has handled her new responsibilities admirably.

From January to July 1989 service was limited to only 2 days per week. Treatment was provided by Dr. N. Perry (Rosetown). Dr. K. Richardson returned from educational leave and full service was resumed effective July 1st, 1989. The following statistics provided cover the period from July 1, 1989, to March 31, 1990.

All nursing homes and hospitals in this region have been contacted and offered inservice presentations. On average, 20 patients are receiving treatment each clinic day. Every effort is being made to see patients within one week of being referred. We look forward to continuing to meet the demand for chiropody treatment throughout the health region.

The chiropodists have also been given the additional responsibility of overseeing the Community Health Treatment Services Branch clerical staff. Mrs. Louise Sendecki was appointed to this position effective February 1, 1990, and is adjusting very well to her new position.

CHIROPODY STATISTICS

(July 1989 to March 31, 1990)

CLINICS	At Risk Elderly (65+)	At Risk Gen. Population	Well Elderly	Well Gen.Population
North Battleford				
New Patients	131	62	104	260
Total Treatments	487	187	324	701
Lloydminster				
New Patients	31	10	23	71
Total Treatments	81	34	65	128
Unity				
New Patients	15	3	24	20
Total Treatments	40	8	38	39
Meadow Lake				
New Patients	9	6	7	16
Total Treatments	32	12	15	46

Health Region Total

New Patients	792
Total Number of Treatments	2237
Castings	34
Surgeries	48

DENTAL HEALTH EDUCATION ANNUAL REPORT

North Battleford Health Region has two Dental Health Educator positions. They provide dental health education to 74 schools in the health region plus Dore Lake school out of the Prince Albert Health Region. The target groups are kindergarten to Grade 6 inclusive.

Linda Stevenson and Bernadette LeBoeuf job share and are headquartered in Meadow Lake. They work in Turtleford, Meadow Lake, Lloydminster (Public & Separate), Battle River and part of the Northern Lights School Division.

Pam Pierson is headquartered in North Battleford and works in the Battleford, Kerrobert, Wilkie (Separate & Public), Unity (Separate & Public), Paynton, North Battleford (Separate & Public) School Divisions and part of the Blaine Lake, Northern Lakes, and Northern Lights & Biggar School Division.

This year our presentations included Grade K - 6. One visit was given per classroom during the school year. It consisted of dental awareness, dental protection, dental diseases, brushing, flossing and proper home care.

We are promoting Fluoride Mouthrinse Programs in all schools that wish to participate.

Continued Fluoride Mouthrinse Programs -
Winston Churchill, Barr Colony, St. Thomas, Avery, Queen Elizabeth, Rendall Park School in Lloydminster and Spruce Lake, Maidstone, Lashburn, Edam, St. Walburg, St. Peters, St. George, Connaught, Cutknife, Hillvale Hutterite, Lakeview Hutterite, Maymont.

New Fluoride Mouthrinse Programs -
Hillmond, Marshall, Lone Rock, Lakeview School, Dore Lake and Christian Academy School.

We also have a preschool dental health kit that is very well received by many Daycares and Childcare Centers.

To coincide with the Department's goals to become more community involved, Dental Health Educators have made themselves available to speak to community groups.

The major emphasis of the Program is to ensure that the children receive dental health instructions and to promote fluoride mouthrinse programs in the schools and communities.

DENTAL HEALTH EDUCATION STATISTICS
TOTAL 75 SCHOOLS

CLASSROOMS	NUMBER OF PRESENTATIONS	NUMBER OF STUDENTS
K	86	1003
1	54	1081
2	56	1087
3	52	1048
4	43	1035
5	49	1014
6	48	994
Preschool Presentations	22	860

COMMUNITY THERAPY REPORT

The Community Therapy Program provides hands on rehabilitation as well as educational programs to individual patients, the public, and institutional staff.

Five community therapists presently provide service to the North Battleford Region. Margaret Currie, Physical Therapist, services Turtleford, St. Walburg, Paradise Hill and Edam. Haila McHugh, Physical Therapist, services Wilkie, Unity, Macklin, Hafford, North Battleford and Cut Knife. Kathy Dumouchel, Occupational Therapist, services Maidstone, Lloydminster and Neilburg. In June 1989, Diane Robinson, Physical Therapist, initiated services to Meadow Lake and Goodsoil. In September 1989, Sharon Babcock, Occupational Therapist, joined the North Battleford Office servicing Spiritwood, Leoville and Rabbit Lake. From April to August of 1989 Sharon Babcock also serviced Big River, Shellbrook, Birch Hills and two nursing homes in Prince Albert.

Inservices Presented to the Public or Institutional Staff

Title	Number
Transferring and Lifting Patients	13
Dealing with Feeding Difficulty	3
Stress Management	7
Back Care	5
Range of Motion Exercises and Positioning of Patients	9
Measurement For and Use of Mobility Aides	2
Stroke Rehabilitation	1
Visual Disturbances	1
Transcutaneous Electrical Nerve Stimulation (T.E.N.S)	2
Fitness	2
Arthritis	1
Respiratory	2
Introduction of Handicaps to School Children	1
Women Re-entering the Workforce	1
Poster presentation was displayed depicting the role of Community Therapy	1
Total Inservices Presented	51

Also out of this region a day long workshop was prepared and presented in Saskatoon for Community Occupational Therapists within Community Health Services Branch.

COMMUNITY THERAPY STATISTICS

1.	Total Treatment Attendance This includes inpatient and outpatient visits. Also visits done in special care homes, developmental centres and patient homes.	4,673
2.	Total Treatment Hours This includes time spent in direct patient treatment as well as time involved in activities such that support or supplement the diagnosis/evaluation/treatment of a specific patient.	3,469.1
3.	New Patient Referrals	1,371
4.	Total Caseload	3,215
5.	Total Hours Spent in Consultation This includes time spent serving on boards or committees as well as providing expert technical advice.	294.25
6.	Total Hours Spent in Education This includes inservice education to the public as well as to staffs of institutions serviced.	203.75
7.	Total Worked Hours	5,827.7

Courses Attended by the Community Therapists

1. Orthopaedics Workshop
2. Traumatic Hand Injuries Workshop
3. Stress Workshop
4. Peak Performance
5. Public Speaking
6. From Slates to Silicon

Haila, Sharon, Kathy, Margaret, and Diane would like to express our admiration and appreciation of the highly professional caring staff of Health Region #13.

We look forward to another challenging and rewarding year as part of the Community Health Services Treatment Branch.

Submitted by
Sharon Babcock

SASKATCHEWAN HEARING AID PLAN

The objective of the Saskatchewan Hearing Aid Plan (SHAP) is to provide comprehensive audiological and technical support services throughout the province through hearing tests, provision of hearing aids where appropriate and technical support services where required. SHAP services, available to Saskatchewan residents of all ages with a valid health services card, are provided through qualified audiologists and specially trained audiometric technicians.

SHAP is a centrally administered program which operates within the Community Health - Treatment Services Branch of the Department of Health. In addition to the main clinics of Regina and Saskatoon, SHAP services are provided through eight provincial health regions. There has been a gradual expansion of these regional services since 1984 and in August of 1988, SHAP was pleased to increase its audiological service from part-time to full-time in the North Battleford Region. In 1989-90, the North Battleford SHAP clinic achieved the following level of activity:

Audiological Evaluations	690
Hearing Aid Evaluations	321
Hearing Aid Checks	153
Drop-In Services	713
Total	1877

SHAP staff look forward to continued provision of quality audiological service to residents of the North Battleford Health Region and sincerely appreciate the support from regional personnel who assist in maintaining such service.

Ranjit Mann, M.Sc.
Audiologist